

11212 CERTIFICATE OF DEATH

11215

Reg. Dist. No. 265

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Md.</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Crisfield</u>	LENGTH OF STAY (in this place) <u>1 day</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Marion Station</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>79 McCready</u>		STREET ADDRESS (If rural give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>George</u> (Middle) <u>Ballard</u> (Last)		(Month) <u>Nov.</u> (Day) <u>4</u> (Year) <u>1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 2, 1887</u>
9. AGE last birthday <u>68</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sea Food Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Marion Station-Som.Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Silous Ballard</u>		14. MOTHER'S MAIDEN NAME <u>Melvina Whittington</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>yes</u> (If Yes, give war or dates of service) <u>June 19, 1918 - July 1919</u>		16. SOCIAL SECURITY NO. <u>213-22-9183</u>	
17. INFORMANT & ADDRESS <u>Sadie Hodges Marion Sta., Md.</u>			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
442X IMMEDIATE CAUSE (A) <u>Uremia - Acute Dil of Heart</u>			<u>1 week -</u>
ANTECEDENT CAUSE(S) DUE TO (B) <u>acute nephritis</u>			<u>years -</u>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>chronic myocarditis + Chronic int. nephritis</u>			<u>years -</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White at work Not white at work	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov. 3, 1955</u> to <u>Nov. 4, 1955</u> , that I last saw the deceased alive on <u>Nov. 3, 1955</u> , and that death occurred at <u>1:00 A.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>George E. Boulton</u>		ADDRESS (Street, city, town, state) <u>Marion Station, Maryland</u>	
DATE SIGNED <u>Nov. 5, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>	DATE THEREOF <u>Nov. 8, 1955</u>	NAME OF CEMETERY OR CREMATORY <u>Wesley Cemetery</u>	LOCATION (City, town, or county) (State) <u>Marion Sta., Som. Co. Md.</u>
24. REC'D BY REGISTRAR <u>Nov. 7, 1955</u>	REGISTRAR'S SIGNATURE <u>Nellie D. Payne</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H. Ward - Marion Sta., Md.</u>	
DATE <u>Nov. 7, 1955</u>	ADDRESS <u>1301 235</u>		

INSTRUCTIONS

1. TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2. TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 153C 1-55 10M

CERTIFICATE OF DEATH

<p>NAME OF DECEASED</p>		<p>AGE</p>		<p>SEX</p>	
<p>DATE OF DEATH</p>		<p>TIME OF DEATH</p>		<p>PLACE OF DEATH</p>	
<p>CAUSE OF DEATH</p>		<p>MANNER OF DEATH</p>		<p>EDUCATION</p>	
<p>DATE OF BIRTH</p>		<p>PLACE OF BIRTH</p>		<p>DATE OF ENTRY INTO STATE</p>	
<p>DATE OF DEPARTURE FROM STATE</p>		<p>DATE OF RETURN TO STATE</p>		<p>DATE OF DEATH</p>	
<p>DATE OF DEATH</p>		<p>TIME OF DEATH</p>		<p>PLACE OF DEATH</p>	
<p>CAUSE OF DEATH</p>		<p>MANNER OF DEATH</p>		<p>EDUCATION</p>	
<p>DATE OF BIRTH</p>		<p>PLACE OF BIRTH</p>		<p>DATE OF ENTRY INTO STATE</p>	
<p>DATE OF DEPARTURE FROM STATE</p>		<p>DATE OF RETURN TO STATE</p>		<p>DATE OF DEATH</p>	

INSTRUCTIONS TO REGISTRARS

1. This certificate is to be filled out by the registrar of the district in which the death occurred.

2. The name of the deceased should be written in full, and the date of death should be given in full.

3. The cause of death should be given in full, and the manner of death should be given in full.

4. The date of birth should be given in full, and the place of birth should be given in full.

5. The date of entry into the state should be given in full, and the date of departure from the state should be given in full.

6. The date of return to the state should be given in full, and the date of death should be given in full.

7. The certificate should be signed by the registrar, and the name of the registrar should be written in full.

8. The certificate should be filed in the office of the registrar, and a copy should be sent to the office of the State Department of Health.

9. The certificate should be kept for a period of ten years.

10. The certificate should be made available to the public.

RECEIVED

NOV 8 1918

JOHN V. S.

11213 CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH

COUNTY

Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)

TOWN

Princess Anne

LENGTH OF STAY (In this place)

18 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE

Md.

COUNTY

Somerset

CITY (If outside corporate limits, write RURAL and give nearest town)

OR TOWN

Princess Anne

STREET ADDRESS (If rural give location)

Post Office Box 274

3. NAME OF DECEASED (Type or Print)

(First)

Caleb

(Middle)

M.

(Last)

Cottman

4. DATE OF DEATH

(Month)

Nov.

(Day)

12

(Year)

1955

5. SEX

M

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

Widowed

8. DATE OF BIRTH

Nov. 26, 1878

9. AGE (last birthday)

76 yrs.

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HRS.

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Westover, Som. Co.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Caleb M. Cottman

14. MOTHER'S MAIDEN NAME

Elizabeth Fooks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

214-32-6010

17. INFORMANT & ADDRESS

Rosa E. Cottman - Princess Anne Box 274

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

431X IMMEDIATE CAUSE (A)

(A)

Acute Myocarditis

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH

1 week

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town)

(County)

(State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED While ☐ Not while ☐ at work ☐ at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1955, to Nov 12, 1955, that I last saw the deceased alive on Nov 12, 1955, and that death occurred at 9:00 AM, from the causes and on the date stated above.

SIGNATURE

Elean G. Matheson

M.D.

Princess Anne

ADDRESS (Street, city, town, state)

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

DATE THEREOF

Nov. 17, 1955

NAME OF CEMETERY

Cottman Grove

LOCATION (City, town, or county)

Westover, Som. Co. Md.

24. REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE

R. S. Johnson, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Charles H. Ward - Marion Sta., Md.

DATE

11/15/55

Box 235

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

NO VIBRATION ON MOUNTING OF

NOV 16 1965

RECEIVED
NOV 16 1965

BUREAU V. B.

11214 CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marion Station</u>	TOWN <u>Life time</u>	CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marion Station</u>	TOWN <u>x</u>
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>✓</u>		STREET ADDRESS (If rural give location) <u>✓</u>	
3. NAME OF DECEASED (First) (Middle) (Last)		4. DATE OF DEATH (Month) (Day) (Year)	
<u>Thomas</u> <u>Bottman</u>		<u>Nov</u> <u>5</u> <u>1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED: <u>None</u>	8. DATE OF BIRTH: <u>1955</u>
9. AGE last birthday <u>3</u> yrs. <u>3</u> months <u>3</u> days <u>3</u> hours <u>3</u> min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Infant</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>None</u>	
11. BIRTHPLACE (State or foreign country): <u>Marion</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>Ralph Collins</u>		14. MOTHER'S MAIDEN NAME: <u>Rachel Bottman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.: <u>None</u>	
17. INFORMANT & ADDRESS: <u>Geo W. William</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE <u>916.0</u>		(A) <u>Burned to death</u>	
ANTECEDENT CAUSE (S)		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(B) <u>Has Left in house alone,</u>	
		DUE TO	
		(C) <u>House Caught Fire & was burned to death</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>None</u>			
19a. DATE OF OPERATION: <u>0 no</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <u>x</u>		21b. PLACE (Home, farm, factory, office, street, office bldg., etc.) <u>None</u>	
21c. WHERE DID INJURY OCCUR? <u>Marion, Som-Md</u>		21d. TIME (Month) (Day) (Year) <u>Nov 5-55</u>	
21e. HOW DID INJURY OCCUR? <u>Burned</u>		21f. HOW DID INJURY OCCUR? <u>All House Caught Fire & her to death</u>	
22. I hereby certify that I attended the deceased from <u>before</u> and that death occurred <u>at 3:00 P.M.</u> from the causes and on the date stated above.		23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Buried</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11-8-55</u>		REGISTRAR'S SIGNATURE <u>Tellie D. Payne</u>	
FUNERAL DIRECTOR <u>George W. Pilghman</u>		ADDRESS <u>Marion Stas. Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 17 1955

BUREAU V. 2

11215

11218

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 760

1. PLACE OF DEATH:

COUNTY Somerset MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town)
 OR TOWN Princess Anne - Rural - 8
 HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route 13

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Somerset
 CITY (If outside corporate limits write RURAL and give nearest town)
 OR TOWN Burlock
 STREET ADDRESS (If rural, give location) Route 3

3. NAME OF DECEASED:

(First) Robert (Middle) Winfield (Last) Natson
 (Type or Print)

4. DATE OF DEATH November 8, 1955
 (Month) (Day) (Year)

5. SEX:

Male
 (Type or Print)

6. COLOR OR RACE:

Negroid
 (Type or Print)

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ?

8. DATE OF BIRTH:

12-17-31
 (Type or Print)

9. AGE last birthday:

23 yrs.
 (Type or Print)

IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burlock, Md. - Rt. 3

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME:

Unknown

14. MOTHER'S MAIDEN NAME:

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

U.S. Navy - Chincoteague, Va.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

825X

Immediate cause

(a)

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

INTERVAL BETWEEN ONSET AND DEATH

21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Princess Anne Somerset Md

21c. (City or town)

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: Nov. 8, 1955 - 12:00 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

R.H. Johnson

M. D.

CHIEF MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

ASSISTANT MEDICAL EXAM.

DATE SIGNED

Nov. 9, 1955

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

11-13-55

R.H. Johnson, M.D.

Hurlock, Maryland

U.S. Naval Hospital Portsmouth, Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. SUBJECT--ITALY TO THIRTEENTH STATE COUNCIL

11216 CERTIFICATE OF DEATH

Reg. Dist. No. - 265-

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>SOMERSET</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>SOMERSET</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR	
<u>X</u> TOWN <u>CRISFIELD</u>		<u>SINCE BIRTH</u>		TOWN <u>CRISFIELD</u>		<u>39</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>79</u> <u>MCCREADY HOSPITAL</u>				<u>1</u>			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE OF DEATH:		(Month) (Day) (Year)	
(Type or Print)		<u>WILLIE ANN GREEN</u>		<u>NOVEMBER 20</u>		<u>1955</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>FEMALE</u>	<u>WHITE</u>	<u>SINGLE</u>	<u>NOVEMBER 19, 1955</u>	<u>0</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<u>NONE</u>				<u>NONE</u>		<u>CRISFIELD, MARYLAND</u>	
13. FATHER'S NAME:				12. CITIZEN OF WHAT COUNTRY?			
<u>WILLIE GREEN</u>				<u>U.S.A.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.:		17. INFORMANT & ADDRESS:	
<u>No</u>				<u>NONE</u>		<u>N. SOMERSET AVE.</u>	
				<u>WILBUR F. MORGAN, JR. - CRISFIELD, MD.</u>			
18. MEDICAL CERTIFICATION							
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
Immediate cause							
(a) <u>premature birth</u>							
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.							
(b) <u>premature separation of placenta</u>						<u>1 week</u>	
(c) <u>premature separation of placenta</u>							
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION			
<u>0</u>							
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
		OF INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
		<u>m.</u>		<u>11:05</u> <u>1:50</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 19, 1955</u> to <u>Nov. 20, 1955</u> , that I last saw the deceased alive on <u>Nov. 19, 1955</u> , and that death occurred at <u>1:50 p.m.</u> , from the causes and on the date stated above.							
SIGNATURE (Degree or title)				ADDRESS		DATE SIGNED	
<u>George B. Bullman D.</u>				<u>Marion Sta Md</u>		<u>11-20-55</u>	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>NOV. 20, 1955</u>		<u>SUNNYRIDGE CEMETERY</u>		<u>CRISFIELD, MD.</u>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>11-20-55</u>		<u>Nellie D. Payne</u>		<u>BRADSHAW & SONS - CRISFIELD, MD.</u>			

20X5305292

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 2

NOV 29 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH
11217 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11220

Reg. Dist. No. - 261-

1. PLACE OF DEATH - COUNTY Somerset		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE Maryland COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) Marion		CITY (If outside corporate limits, write RURAL and give nearest town) Marion	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Edward	(Middle) B.	(Last) Hodges
4. DATE OF DEATH	(Month) Nov.	(Day) 12	(Year) 1955
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 28, 1889
9. AGE last birthday 66 yrs.		10. KIND OF BUSINESS OR OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (State or foreign country) Petersburg, Virginia		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Edward Hodges		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY No. None	
17. INFORMANT Mrs. Edward Hodges		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause 420.1 Coronary Disease (occlusion)			
Antecedent cause(s) Arteriosclerosis			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
11. OTHER SIGNIFICANT CONDITIONS		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at <input checked="" type="checkbox"/> Not while at work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE Wm. H. Coulbourn, M.D.		ADDRESS Crisfield Md	
DATE SIGNED Nov 13/55			
23. BURIAL, CREMATION (Specify) Burial	DATE THEREOF 11-15-55	NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery	LOCATION (City, town, or county) (State) Marion, Maryland
DATE REC'D BY LOCAL REG. 11-14-55	REGISTRAR'S SIGNATURE Nellie D. Payne	24. FUNERAL DIRECTOR Lewis B. Wilson	ADDRESS Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7-14-60

105

105

11218
CERTIFICATE OF DEATH

Reg. Dist. No. 260

Item 1, Film 9190 12-7-55 et

1. PLACE OF DEATH. COUNTY <u>Somerset</u> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Upper Fairmount</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MD</u> COUNTY <u>Somerset</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Upper Fairmount</u> STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) (Middle) (Last) <u>Martha Emily Holiana</u>		4. DATE (Month) (Day) (Year) OF DEATH: <u>Nov 25</u> 19 <u>55</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH: <u>Dec. 3, 1865</u>
9. AGE last birthday <u>89</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	
11. BIRTHPLACE (State or foreign country): <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Charles Beauchamp</u>		14. MOTHER'S MAIDEN NAME: <u>Sedonia Blake</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) <u>+</u>		16. SOCIAL SECURITY NO. <u>+</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Irene Holiana</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422.1</u> IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		(A) DUE TO <u>Myocarditis</u> (B) DUE TO <u>Atherosclerosis</u> (C) <u>Senility</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs.</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21c. WHERE DID (City or town) (County) (State)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept.</u> , 19 <u>55</u> to <u>Nov.</u> , 19 <u>55</u> that I last saw the deceased alive on <u>11-25-55</u> and that death occurred at <u>10:00</u> M, from the causes and on the date stated above.			
SIGNATURE <u>A. Lewis</u>		ADDRESS DATE SIGNED <u>Princess Anne, Maryland</u>	
23. BURIAL, CREMATION, REMOVAL, (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov 27, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>Miss Fairmount</u>		LOCATION (City, town, or county) (State) <u>MD</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11/25/55</u>		REGISTRAR'S SIGNATURE <u>R. D. Johnson, M.D.</u>	
24. FUNERAL DIRECTOR <u>Harry B. Wiles</u>		ADDRESS <u>Upper Fairmount</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V.

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1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11219 CERTIFICATE OF DEATH

11223

Reg. Dist. No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
X Crisfield		lifetime		Crisfield		37	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
McCready Hospital				Mariners Section		1	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) (Middle) (Last)							
JOHN EDWARD JOHNSON				November 7 19 55			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS	
Male	White	Married	April 12, 1883	72 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Farmer		Farming		Crisfield, Md.		USA	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
John Johnson				Clara Horsey			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
no		216-07-1758		Mariners Section Miss Pauline Johnson—Crisfield, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) Myocardial condition						1 week	
ANTECEDENT CAUSE(S) DUE TO Int.							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (B) Chronic Myocarditis & Chronic Nephritis						Years	
STATING UNDERLYING CAUSE LAST, (C) Virus infection followed by Myocardial Condition							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work Not while at work		21f. HOW DID INJURY OCCUR?			
		M. <input type="checkbox"/> <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Oct. 29, 1955, to Nov. 7, 1955, that I last saw the deceased alive on Nov. 6, 1955, and that death occurred at 3:15 A.M. from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
				M.D. Marion Sta. Md. Somerset		11-8-55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
Burial		Nov. 9, 1955		Sunnyridge Cemetery		Crisfield, Md.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
11-8-55				Bradshaw & Sons—Crisfield, Md.			
DATE							

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11224

11220
CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland COUNTY Somerset			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
X TOWN: Princess Anne		81 years		TOWN Princess Anne			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
Beechwood St.				Beechwood St.			
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year) OF DEATH:			
(First) (Middle) (Last) Oscar F. Jones				Nov. 24 1955			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
male	white	widowed	Nov. 17, 1874	81 yrs.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
retired meat cutter						Maryland	
13. FATHER'S NAME:				12. CITIZEN OF WHAT COUNTRY?			
E. Frank Jones				U.S.A.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
no						Mrs Paul Keenan Princess Anne, Md	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) DUE TO Cerebral Hemorrhage						6 days	
ANTECEDENT CAUSE (S) DUE TO Chronic Myocarditis						2 yrs	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO Hypertension						2 yr	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility, Arteriosclerosis						2 yr	
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
none							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?	
						none	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While at work Not while at work		21F. HOW DID INJURY OCCUR?	
none				none		none	
22. I hereby certify that I attended the deceased from July , 19 53 to Nov. 24, 1955 , that I last saw the deceased alive on Nov. 24, 1955 and that death occurred at 10:00 M. , from the causes and on the date stated above.							
SIGNATURE B. Frank Gigante				ADDRESS M. D. Princess Anne Md.			
DATE SIGNED Nov 25, 1955							
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		II-26-1955		Manokin Presbyterians		Princess Anne, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
11/26/55		R. S. Johnson, M.D.		Princess Anne, Md.		Princess Anne, Maryland	

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11221

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Somerset</u>	MARYLAND	STATE <u>MD</u>	COUNTY <u>Somerset</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
X TOWN <u>Seal Island</u>	<u>Life</u>	<u>Seal Island</u>	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH:	
<u>GROVER C. MASON</u>		<u>Nov 15 1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: <u>Feb 22 - 1891</u>
9. AGE last birthday: <u>64</u> yrs.		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Seaford</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Oystering</u>	
11. BIRTHPLACE (State or foreign country): <u>Seal Island Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME: <u>CHARLES B. MASON</u>		14. MOTHER'S MAIDEN NAME: <u>VIRGINIA THOMAS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.): <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.: <u>212-12-3247</u>	
17. INFORMANT & ADDRESS: <u>Pauline Mason, Seal Md.</u>			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) <u>Lung cancer</u>		<u>6 months</u>	
ANTECEDENT CAUSE (B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>Mid September</u>		19B. MAJOR FINDINGS OF OPERATION: <u>lung cancer</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10-1-55</u> , 19, to <u>11-15-55</u> , 19, that I last saw the deceased alive on <u>11-15-55</u> , 19, and that death occurred at <u>6:45 PM</u> from the causes and on the date stated above.			
SIGNATURE: <u>Everett C. Sutter</u>		DATE SIGNED: <u>11-16-55</u>	
ADDRESS: <u>Dames Quarter, Maryland</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY): <u>Burial</u>		DATE THEREOF: <u>Nov. 18-1955</u>	
NAME OF CEMETERY OR CREMATORY: <u>St. Johns M.E.</u>		LOCATION (City, town, or county) (State): <u>Seal Island Md.</u>	
DATE REC'D BY LOCAL REGISTRAR: <u>11/18/55</u>		REGISTRAR'S SIGNATURE: <u>Lela J. Whentley</u>	
24. FUNERAL DIRECTOR: <u>Webster</u>		ADDRESS: <u>Seal Island Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-4 0/1000

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11222 CERTIFICATE OF DEATH

Reg. Dist. No. ⁶⁰11227 ²⁶⁰

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Oriole		LENGTH OF STAY (Specify) 87 years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole		STREET ADDRESS (If rural give location) X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00							
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) David (Middle) McDaniel (Last)				(Month) Nov. (Day) 3 (Year) 19 55			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 10, 1874	9. AGE last birthday 81 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if temporary)		10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (State or foreign country) Oriole, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George McDaniel				14. MOTHER'S MAIDEN NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or only) no		16. SOCIAL SECURITY NO. no		17. INFORMANT & ADDRESS Mrs Gladys Webster Deal Island Maryland			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
142.0 IMMEDIATE CAUSE (A) Carcinoma oral Cavity in- volving Salivary glands and Gums						4 years	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO							
STATING UNDERLYING CAUSE LAST.							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 16, 1954, to Nov 3, 1955, that I last saw the deceased alive on Nov 3, 1955, and that death occurred at 1:30 PM, from the causes and on the date stated above.							
SIGNATURE Eldon G. Martenson		ADDRESS Princess Anne, Md.		DATE SIGNED 11.5.55			
23. BURIAL, CREMATION, REMOVAL <input checked="" type="checkbox"/> burial		DATE THEREOF 11-6-1955		NAME OF CEMETERY OR CREMATORY Oriole Cemetery		LOCATION (City, town, or county) (State) Oriole, Maryland	
24. REC'D BY REGISTRAR 11/5/55		REGISTRAR'S SIGNATURE R. S. Johnson, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Levin R. Wilson		ADDRESS Princess Anne, Md.	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

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11209 CERTIFICATE OF DEATH

11228

Reg. Dist. No. *515*

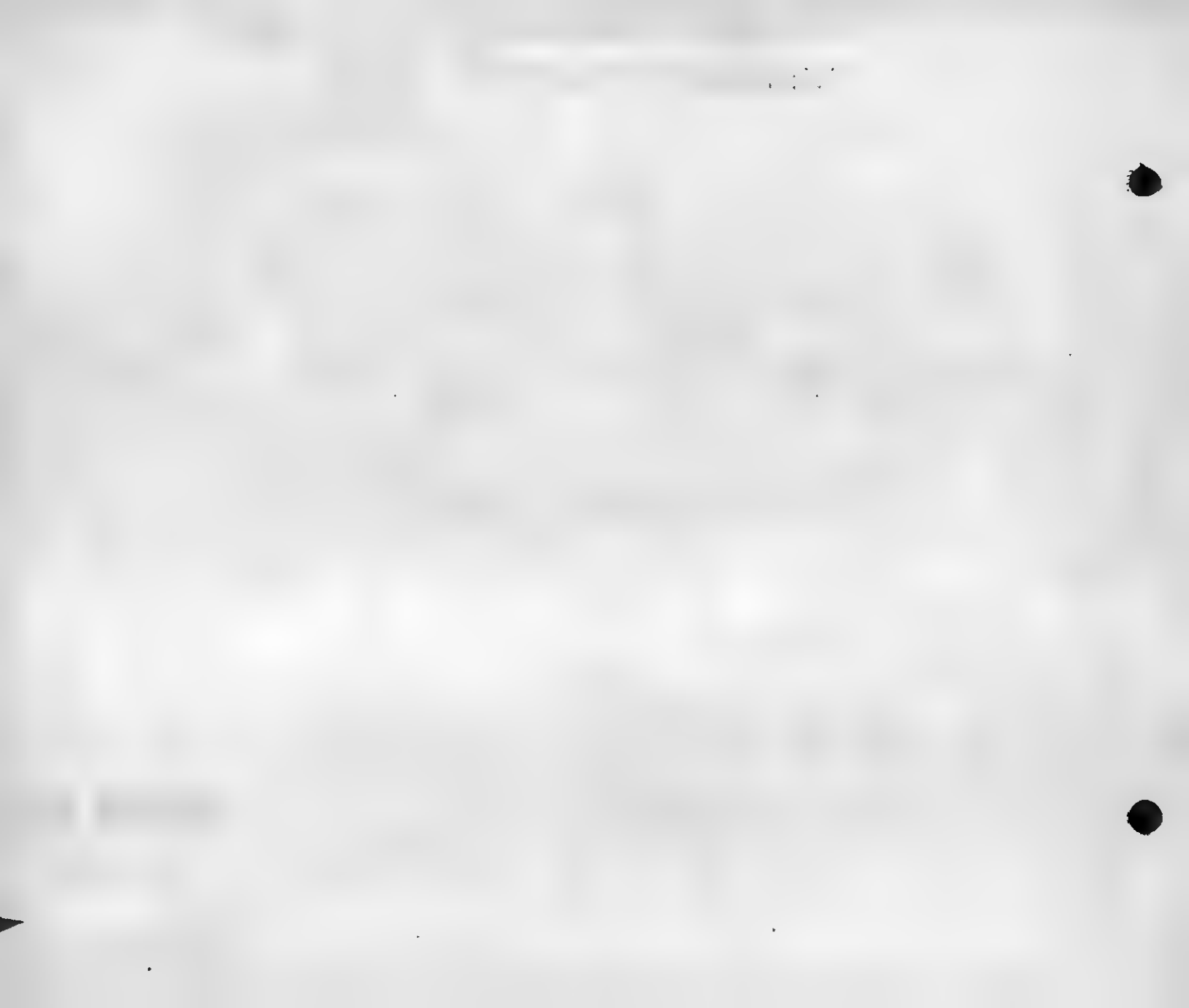
1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <i>Somerset</i>		STATE <i>Maryland</i>		COUNTY <i>Somerset</i>			
CITY OR TOWN <i>39 Crisfield</i>		LENGTH OF STAY (in this place) <i>lifetime</i>		CITY OR TOWN <i>Crisfield</i>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Lawsonia Section</i>				STREET ADDRESS (If rural give location) <i>Lawsonia Section</i>			
3. NAME OF DECEASED				4. DATE OF DEATH			
(First) <i>JAMES</i>		(Middle) <i>MADISON</i>		(Last) <i>MOORE</i>			
(Type or Print)							
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	
<i>Male</i>		<i>White</i>		<i>Married</i>		<i>March 25, 1877</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<i>Seafood Packer</i>		<i>Seafood Industry</i>		<i>Crisfield, Maryland</i>		<i>USA</i>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<i>Hance Moore</i>				<i>Peggy Sterling</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<i>No</i>		<i>213-09-4828</i>		<i>Harry Moore-Lawsonia Section-Crisfield, Md.</i>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
420.0 IMMEDIATE CAUSE (A)				<i>Acute Myocardial Infarction</i>			
ANTECEDENT CAUSE(S) DUE TO (B)				<i>Arteriosclerotic Heart Disease</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				<i>5 min.</i>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				<i>5 days</i>			
<i>Viral Infection</i>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
<i>0</i>				<i>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></i>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7/9</i>, 19<i>54</i>, to <i>11/2</i>, 19<i>55</i>, that I last saw the deceased alive on <i>11/1</i>, 19<i>55</i>, and that death occurred at <i>10:30 P.M.</i>, from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<i>A.V. Ban</i>				<i>Crisfield, Md.</i>		<i>11/4/55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>Nov. 5, 1955</i>		<i>Asbury Cemetery</i>		<i>Crisfield, Maryland</i>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<i>11/5/55</i>		<i>Bradshaw's name</i>		<i>Bradshaw & Sons</i>		<i>Crisfield, Md.</i>	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M



11210 **CERTIFICATE OF DEATH**

11229

Reg. Dist. No. 265

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL or and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
39 <u>TOWN</u> <u>Crisfield</u>		<u>lifetime</u>		<u>TOWN</u> <u>Crisfield</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
60 <u>20 Main St.</u>				<u>20 Main St.</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) (Middle) (Last)							
<u>IRA</u> <u>WILLIAM</u> <u>ROACH</u>				<u>November 6</u> <u>19</u> <u>55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS
<u>Male</u>	<u>White</u>	<u>widowed</u>	<u>July 17, 1900</u>	<u>55</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Bus driver</u>			<u>Transit Line</u>	<u>Crisfield, Md.</u>		<u>USA</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>John William Roach</u>				<u>Missouri Tyler</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
<u>no</u>		<u>216-05-3195</u>		<u>20 Main St.</u> <u>Mrs. Missouri Roach—Crisfield, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
IMMEDIATE CAUSE (A)				<u>Acute Myocardial Infarction</u>			
ANTECEDENT CAUSE(S) DUE TO (B)				<u>Arteriosclerotic Heart Disease with</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)				<u>Coronary Insufficiency + Decompensation</u>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				INTERVAL BETWEEN ONSET AND DEATH			
				<u>few mins.</u> <u>one year</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<u>0</u>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>December</u>, 19<u>54</u>, to <u>Nov 6</u>, 19<u>55</u>, that I last saw the deceased alive on <u>Nov 6</u>, 19<u>55</u>, and that death occurred at <u>10:30 P.M.</u>, from the causes and on the date stated above.							
SIGNATURE				ADDRESS (Street, city, town, state)		DATE SIGNED	
<u>A. N. Ban, M.D.</u>				<u>Crisfield, Md.</u>		<u>Nov. 8, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>Nov. 10, 1955</u>		<u>Crisfield Cemetery</u>		<u>Crisfield, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>11/12/55</u>		<u>Bartlett S. Adams</u>		<u>Bradshaw & Sons—Crisfield, Md.</u>			

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

11211 CERTIFICATE OF DEATH

Reg. Dist. No. 11230 365

1. PLACE OF DEATH:

COUNTY SOMERSET

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) CRISFIELD LENGTH OF STAY (in this place) 60 YEARS

HOSPITAL OR INSTITUTION OR STREET ADDRESS

200 MYRTLE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLANDCOUNTY SOMERSETCITY (If outside corporate limits, write RURAL and give nearest town) CRISFIELD

STREET ADDRESS

(If rural give location)
200 MYRTLE ST.

3. NAME OF DECEASED:

(Type or Print)

(First)

IDA

(Middle)

SELBY

(Last)

SOMERS

4. DATE OF DEATH:

(Month)

(Day)

(Year)

NOVEMBER 20 1955

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.
80 yrs. Months Days Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired:

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

DOMESTIC

11. BIRTHPLACE (State or foreign country):

WICOMICO COUNTY, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME:

JAMES E. SELBY

14. MOTHER'S MAIDEN NAME:

SARAH PHILLIPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or, unk.) (If Yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

CLYDE COVINGTON - CRISFIELD, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1-1X

Immediate cause

(a)

Carcinoma stomach

DUE TO

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death
2

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not White At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20, 1955, to 11-22, 1955, that I last saw the deceasedalive on 11-20, 1955, and that death occurred at CRISFIELD, MD.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

BURIALNOV. 22, 1955SUNNYRIDGE CEMETERYCRISFIELD, MD.

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

NOV. 22, 1955Barbara S. AdamsBRADSHAW & SONS - CRISFIELD, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



11223 CERTIFICATE OF DEATH

11231

Reg. Dist. No. 260

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL OR TOWN) <u>Westover</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Westover</u>		TOWN <u>Westover</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) <u>SUSAN COLLINS STEARSON</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 3 1955</u>			
5. SEX <u>FEM</u>	6. COLOR OR RACE <u>COL</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR 15 1879</u>	9. AGE last birthday <u>76</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WORK</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Westover</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>JAMES EARL LARD</u>				14. MOTHER'S MAIDEN NAME <u>MARY A</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>Y</u>		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS <u>George Collins - Westover Md. Box 1</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Cerebral Thrombosis</u>						<u>2 days</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Generalized Arteriosclerosis</u>						<u>10 years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Chronic Myocarditis</u>						<u>2 yrs</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Chronic Nephritis</u>						<u>10 years</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, of injury street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 10, 1955</u> , to <u>Nov 3, 1955</u> , that I last saw the deceased alive on <u>Nov 3, 1955</u> , and that death occurred at <u>6:45</u> M., from the causes and on the date stated above.							
SIGNATURE <u>Frank Gigant</u>				ADDRESS (Street, city, town, state) <u>M.D. 20 Prince William St</u>		DATE SIGNED <u>11/4/55</u> (State)	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>NOV 5 1955</u>		NAME OF CEMETERY OR CREMATORY <u>COTTAGE GROVE WESTOVER</u>		LOCATION (City, town, or county) <u>MD</u>	
24. REC'D BY REGISTRAR <u>11/4/55</u>		REGISTRAR'S SIGNATURE <u>R.S. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles H Ward</u>		ADDRESS <u>MD</u>	

VS MISC 1-55 10M

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

3. A. OVERDO

11224 CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>SOMERSET</u>	MARYLAND	STATE <u>MARYLAND</u>	COUNTY <u>SOMERSET</u>
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>CRISFIELD</u>	LENGTH OF STAY (In this place) <u>3 DAYS</u>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>CRISFIELD</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>69 MCCREADY HOSPITAL</u>	STREET ADDRESS (If rural give location) <u>JACKSONVILLE RD.</u>		
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) <u>EFFIE</u>	(Middle) <u>CORNELIA</u>	(Last) <u>WARD</u>	<u>NOVEMBER 10 1955</u>
5. SEX: <u>FEMALE</u>	6. COLOR OR RACE: <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>MARRIED</u>	8. DATE OF BIRTH: <u>NOV. 15, 1873</u>
9. AGE last birthday <u>81</u> yrs.		10. AGE UNDER 1 YEAR: Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>HOUSEWIFE</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>DOMESTIC</u>	
11. BIRTHPLACE (State or foreign country): <u>CRISFIELD, MD.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME: <u>WILLIAM WARD</u>		14. MOTHER'S MAIDEN NAME: <u>SARAH LAIRD</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): <u>NO</u>		16. SOCIAL SECURITY No. <u>NONE</u>	
17. INFORMANT & ADDRESS: <u>B. FRANK WARD - CRISFIELD, MD.</u>		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
260X IMMEDIATE CAUSE (A) <u>Coronary Thrombosis</u>		2 who	
ANTECEDENT CAUSE (B) <u>Coronary Atherosclerosis</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, STATING UNDERLYING CAUSE LAST. (C) <u>Diabetes mellitus</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 4, 1955</u> , to <u>Nov. 10, 1955</u> , that I last saw the deceased alive on <u>Nov. 10, 1955</u> , and that death occurred at <u>1:01 P.</u> M, from the causes and on the date stated above.			
SIGNATURE <u>Samuel M. Payton</u>		ADDRESS <u>M. D. Crisfield, Md</u>	
DATE SIGNED <u>Nov. 12 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>BURIAL</u>		DATE THEREOF <u>NOV. 13, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>SUNNYRIDGE CEMETERY</u>		LOCATION (City, town, or county) (State) <u>CRISFIELD, MD.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>Nov. 13 - 1955</u>		REGISTRAR'S SIGNATURE <u>Barbara S. Adams</u>	
24. FUNERAL DIRECTOR <u>BRADSHAW & SONS</u>		ADDRESS <u>- CRISFIELD, MD.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 17 1955

RECEIVED